

**INSTRUCTIONS**  
for  
**Transportation of Students in Privately-Owned Vehicles Form**

This form is required by MDUSD for field trip drivers and has to be filled out each school year. It must be approved and on file in the Walnut Acres office prior to driving on any field trip. Once approved, it is valid for the school year.

- Fill out the Transportation of Students in Privately-Owned Vehicles form and attach a copy of your current insurance statement that shows current coverage. Proof of insurance is not sufficient. The statement must show that the coverage meets or exceeds the limits on the front of the form. See sample below for reference.

<b>SAMPLE</b>				
		<b>INSURANCE COMPANY NAME</b>		
POLICY NUMBER: xxxxxxxxx		DATE ISSUED: 12-10-08		
VEHICLE	VIN	RATED LOCATION	CLASS	
1 99 HONDA	XXXXXXXXXXXXXX	Walnut Creek CA 94598	A	
2 06 TOYOTA	XXXXXXXXXXXXXX	Walnut Creek CA 94598	A	
COVERAGES	LIMITS OR DEDUCTIBLES	VEH 1	VEH 2	VEH 3
<b>BODILY INJURY LIABILITY</b>				
EACH PERSON / EACH OCCURRENCE <i>(\$100,000 / \$300,000 required minimum)</i>	\$300,000 / \$300,000	\$ xxx	\$ xxx	n/a
<b>PROPERTY DAMAGE LIABILITY</b>				
<i>(\$25,000 required minimum)</i>	\$50,000	\$ xxx	\$ xxx	n/a
<b>MEDICAL PAYMENTS</b>				
<i>(\$5,000 required minimum)</i>	\$5,000	\$ xxx	\$ xxx	n/a
<b>UNINSURED &amp; UNDERINSURED MOTORISTS</b>				
EACH PERSON / EACH OCCURRENCE <i>(\$30,000 / \$60,000 required minimum)</i>	\$100,000 / \$300,000	\$ xxx	\$ xxx	n/a

- If there is more than one driver in the family, fill in each driver's name and driver's license number. Each driver must sign the bottom of the form.
- If more than one vehicle could be used for field trips, both cars can be put on one form.
- Make sure the owner of the car signs the bottom of the form.
- Please put child(ren)'s name(s) at the top of the form, along with grade and teacher.
- Turn in the form with the insurance coverage statement to the Safety Committee at Kick-Off or to the school office.

Once your form is approved, it will be kept on file for the school year. To be eligible to drive on field trips, the form must be approved and fingerprinting and TB testing must be complete. If you have any questions, please contact Naomi Hughes at 465-5678 or Denise Calbeck at the Walnut Acres office. Additional forms are available from the office or on the PFC website.

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ 

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Mt. Diablo Unified School District**  
**TRANSPORTATION OF STUDENTS IN PRIVATELY-OWNED VEHICLES**  
*Certification and Authorization*

I have agreed to use my privately-owned automobile for the transportation of students to school-related activities. I certify that I have a valid California driver's license and am 23 years of age or older. I also certify that my vehicle is properly registered and that I have, in force, automobile liability insurance in the amounts set out below. I certify that my vehicle is in safe operating condition. I also accept the terms of the indemnity provision below.

School \_\_\_\_\_

Student(s) being transported \_\_\_\_\_  
(attach separate list if necessary)

Driver's Name \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Address of Driver \_\_\_\_\_

Home Phone: \_\_\_\_\_

Make of Automobile \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Auto License No. \_\_\_\_\_ Passenger Capacity (Including Driver) \_\_\_\_\_

**SEAT BELTS MUST BE USED BY EACH OCCUPANT.**  
**STUDENTS UNDER AGE SIX OR LESS THAN 60 POUNDS MUST BE IN AN APPROVED CHILD RESTRAINT SEAT**  
**THE MAXIMUM NUMBER OF STUDENT PASSENGERS IN ANY SINGLE VEHICLE IS SEVEN (7).**  
**THE VEHICLE'S RATED CAPACITY MAY NOT BE EXCEEDED.**  
**STUDENTS UNDER TWELVE MAY NOT RIDE IN FRONT SEAT OF VEHICLES EQUIPPED WITH AIR BAGS.**  
**STUDENT DRIVERS MAY NOT TRANSPORT OTHER STUDENTS ON ANY FIELD TRIP.**

**I certify that I have met the minimum vehicle insurance requirements per occurrence as listed below.**

- Bodily Injury Liability (BI): Each Individual - \$100,000; Total Each Accident - \$300,000
- Property Damage Liability (PD): Total Each Accident - \$25,000
- Medical Payments Each Individual - \$5,000
- Uninsured Motorist Coverage: Each Individual - \$30,000; Total Each Accident - \$60,000

OR

- Combined Single Limit (BI & PD): \$300,000; Medical Payments Each Individual - \$5,000
- Uninsured Motorist Coverage: Each Individual - \$30,000; Total Each Accident - \$60,000

***PLEASE ATTACH A COPY OF INSURANCE COVERAGE STATEMENT***

**The Mt. Diablo Unified School District does NOT provide insurance coverage for privately owned vehicles. The vehicle owner is responsible for all costs associated with an accident and is advised to consult his/her insurance policy regarding coverage.**

***Indemnity Provision***

Vehicle owner agrees and accepts his/her obligation to manage and control his/her vehicle in a safe and lawful manner. Vehicle owner agrees to defend and indemnify the Mt. Diablo Unified School District, its employees, officers and agents from any claim, action or lawsuit brought by anyone that arises out of, or is in any way connected to, the operation of the owners of the private vehicle pursuant to this certificate and authorization.

Date \_\_\_\_\_ Signature of Owner \_\_\_\_\_

Signature of Driver (if different from owner) \_\_\_\_\_

Signature of Site Administrator \_\_\_\_\_ Date \_\_\_\_\_

**Original form to be kept on file in school office.**